

STATE OF LOUISIANA  
OFFICE OF CONSERVATION

APPLICATION FOR WELL STATUS DETERMINATION  
(DEEP WELL)

SERIAL NO. \_\_\_\_\_  
FIELD \_\_\_\_\_  
OPERATOR \_\_\_\_\_  
WELL NAME & NO. \_\_\_\_\_  
APPLICATION DATE \_\_\_\_\_

AFFIDAVIT

STATE OF \_\_\_\_\_

PARISH (COUNTY) OF \_\_\_\_\_

BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the  
State and Parish (County) aforesaid, personally came and appeared  
\_\_\_\_\_, who, being by me first duly sworn, deposed and  
said:

That he/she is the (Title) \_\_\_\_\_ of  
(Applicant) \_\_\_\_\_, applicant for  
Serial No. \_\_\_\_\_, and in that capacity he/she is requesting the Commissioner of Conservation of the State  
of Louisiana to determine the status of said well pursuant to Act 2 of the 1994 Regular Session (R.S. 47:633  
et seq).

That the well commenced production on \_\_\_\_\_  
(Attach Form WH-1)

That the well has been drilled below 15000' true vertical depth. (Attach Form COMP and  
directional survey if applicable)

That the cost of completing the well to the commencement of production is  
\$ \_\_\_\_\_. (Attach a detailed itemized statement supporting such figure)

That on the basis of the documents submitted in this application, he/she has concluded that  
to the best of his/her information, knowledge and belief, the well in question qualifies as a Deep Well and that  
he/she has no knowledge of any other information which is inconsistent with his/her conclusion.

Signed \_\_\_\_\_

Subscribed in my presence and duly sworn to before me, this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

OFFICE OF CONSERVATION USE ONLY	
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<input type="checkbox"/> Approved	Signed _____ Date _____
<input type="checkbox"/> Denied	